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DO/EO BIBLIOGRAPHIC DATA ENTRY

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IA NUMBER: PCT/ US00 / 02126  
FAMILY NAME: LAMBRECHT  
GIVEN NAME: GREGORY H. Gregory  
PRIORITY CLAIMED (Y/N): Y  
NO BASIC FEE (Y/N): N  
ATTORNEY DOCKET NUMBER: VIA-3  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 0000000 TELEPHONE 0000000000  
FAX

RECEIPT DATE: 11 / 09 00  
IA FILING DATE: 01 / 27 00  
DELAY WAIVED (Y/N):  
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US DESIGNATED ONLY (Y/N):  
COUNTRY:

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CITY: WALTHAM  
STATE/COUNTRY: MA ZIP: 024511914  
EMAIL:

APPLICATION TITLES:  
CARDIAC VALVE PROCEDURE METHODS AND DEVICES

TAB TO LAST POSITION, PUSH SEND



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Bib Data Sheet

SERIAL NUMBER 09/700,167	FILING DATE 11/09/2000 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. VIA-3
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/US00/02126 01/27/2000

**\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 12/18/2000**

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	20	32	14
Verified and Acknowledged	<i>Dan Syl</i> Examiner's Signature Initials				

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**TITLE**

Cardiac valve procedure methods and devices

FILING FEE RECEIVED 1736	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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